



## Certificate of Express Mailing

"Express Mail" Mailing Label Number: EV959684786US

Date of Deposit: 05/02/2007

Ref: Case Docket No.: P3901C2

First Named Inventor: P. Venkat Rangan et al.

Serial Number: 10/619,375

Filing Date: 07/11/2003

Title of Case: Method and Apparatus for Providing and Maintaining a User-Interactive Portal System Accessible via Internet or other Switched-Packet-Network

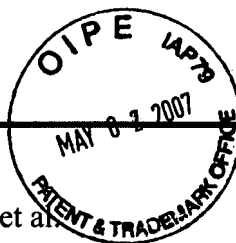
I hereby certify that the attached papers are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and addressed to the Commissioner of Patents and Trademarks, Alexandria, VA 22313-1450

1. Response B.
2. Amendment transmittal.
3. Duplicate Amendment transmittal.
4. Terminal Disclaimer.
5. Check for fees in the amount of \$65.00.
6. Certificate of express mailing.
7. Postcard listing contents.

Sheri Beasley

(Typed or printed name of person mailing paper or fee)

*Sheri Beasley*  
(Signature of person mailing papers or fee)



Method of Transmission: EV959684786US

CASE DOCKET NO. P3901C2

In reference to application of P. Venkat Rangan et al.

Serial No. 10/619,375

For Method and Apparatus for Providing and Maintaining a User-Interactive Portal System Accessible via Internet or other Switched-Packet-Network

Sir:

Transmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.312.

- ☐ No additional fee is required.  
☒ Applicant claims Small entity status under 37 CFR 1.27.  
☒ The fee has been calculated as shown below.

\*\*\*\* CLAIMS AS AMENDED \*\*\*\*

(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest No. Paid For Previously	(5) Present Extra	(6) Rate Small Entity	(7) Rate Large Entity	(8) Additional Fee
Total Claims	25	Minus	** 39	0	\$ 25	\$ 50	\$ 0.00
Indep Claims	3	Minus	*** 6	0	\$ 100	\$ 200	\$ 0.00
<input type="checkbox"/> First presentation of a multiple dependent claim					\$ 0	\$ 0	\$ 0.00
<input checked="" type="checkbox"/> Terminal Disclaimer Fees							\$ 65.00
Extension Fee	<input type="checkbox"/> 1st Month	<input type="checkbox"/> 2nd Month	<input type="checkbox"/> 3rd Month	\$ 0.00			
Total additional for claims, time extensions and disclaimer fees							\$ 65.00

\*\* If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

\*\*\* If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

\*\*\*\* Multiple dependencies, if any, included in the above calculation.

\* If the entry in column 2 is less than the entry in column 4, write "O" in column 5.

☒ A check in the amount of 65.00 is attached.

☐ Charge \$ 0.00 to deposit account 50-0534. (A duplicate of this sheet is enclosed)

☒ Please charge any additional fees or credit overpayment to Deposit Account 50-0534. A duplicate of this sheet is enclosed.

Respectfully Submitted, /Donald R. Boys/

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